



# POST VISION REQUIREMENTS WAIVER

## Correction Officer

This form must be filled out and signed by the examining Ophthalmologist or Optometrist.

Dear Ophthalmologist / Optometrist:

Officer's Name \_\_\_\_\_ POST ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last 4 of SSN First 4 of First Name Day of Birth (01 - 31)  
is requesting a vision waiver from the Peace Officer Standards and Training Council.

The requirements for **visual acuity** are based upon the Idaho Correction Officer Job Task Analysis Study, which describes the need for visual acuity as:

*Normal visual functioning* is related to the work of Idaho Correction Officers, therefore reasonable standards for vision may be established. The Idaho Correction Officer Job Task Analysis study indicates a clear need for adequate visual functioning to perform the duties of an Idaho Correction Officer. These duties include: *accurately identify offending inmates, their clothing and related objects, use observation skills, testify in court, enforce institution rules, respond to emergencies, identify a threat from the right or left side, identify small weapons at a distance of 5 feet or more, and perform their job duties in subdued lighting.*

Studies have shown that people with 20/20 vision can identify faces with 50% accuracy at 14 yards; those with 20/30 vision have a 50% accuracy at 8 yards. With 20/40 vision, facial identification is only 50% accurate at 4.4 yards. With 20/20 vision a person can identify weapons up to 25 yards away; with 20/40 they can consistently identify weapons only at 7 yards.

P.O.S.T. MINIMUM VISION REQUIREMENTS--Based upon the Idaho Correction Officer Job Task Analysis Study an officer must meet the following minimum requirements. **Initial appropriate box:**

Vision Requirement	Meets Minimum	Does Not Meet Minimum
Applicants with worse than 20/20 vision must meet the following requirements: Uncorrected vision in each eye must be no worse than 20/200, with the strong eye corrected to 20/30 and the weaker eye corrected to 20/60. <u><b>A full eye examination shall be administered by an optometrist or ophthalmologist to any applicant who wears glasses whose uncorrected vision in either eye is 20/150 or worse.</b></u>		
Contact lenses are exempt from the uncorrected vision of 20/200, BUT must be worn on duty and must have the strong eye corrected to 20/30 and the weaker eye corrected to 20/60.		
The applicant must be free from any impediments of the sense of sight.		

**Visual Acuity (test and record acuity both with and without glasses/contacts):**

- a. Without glasses/contacts **R20/**\_\_\_\_\_ **L20/**\_\_\_\_\_
- b. With glasses/contacts **R20/**\_\_\_\_\_ **L20/**\_\_\_\_\_
- c. Corrective Lenses Worn: None\_\_\_\_\_ Glasses\_\_\_\_\_ Contact Lenses\_\_\_\_\_ Both\_\_\_\_\_

**Ophthalmologist / Optometrist PLEASE NOTE:** Please attach a letter stating your findings and recommendations regarding the correction officer's vision evaluation. The letter should state that you have full knowledge of these requirements and the functions of an Idaho Correction Officer and that you are recommending that a waiver be issued. You must state that it is your medical opinion that the officer's vision disability and inability to meet the P.O.S.T. medical requirements for visual acuity will not affect his/her ability to fully perform the job tasks of a Correction Officer in the State of Idaho.

Signature of Ophthalmologist / Optometrist: \_\_\_\_\_ Date\_\_\_\_\_

(must be an original signature. No stamped signatures will be accepted.)

Printed name of Ophthalmologist / Optometrist: \_\_\_\_\_

Ophthalmologist / Optometrist Office Stamp

**Agency Head Acknowledgment and Waiver Request**

I am requesting a vision waiver from the P.O.S.T. Council for \_\_\_\_\_ of  
Officer's Name

\_\_\_\_\_  
Agency Name

Comment/Recommendation:

I have reviewed the Ophthalmologist / Optometrist evaluation and letter and it is my opinion that the officer's vision disability and inability to meet the P.O.S.T. medical requirements for visual acuity will not affect his/her ability to fully perform the job tasks of a Correction Officer in the State of Idaho.

Agency Head Signature \_\_\_\_\_ Date\_\_\_\_\_

Agency Head Printed Name \_\_\_\_\_